

Notification of Arrangements to participate in an Eligible Option

1. About this form

- A. Please read the information in sections 1 to 5 before completing this form.
- B. The form notifies of the intention to participate in an alternative program such as eligible option, comprising one or more of education or training, apprenticeship, traineeship or employment.
- C. This form only applies to children who have completed Year 10 and are not yet 17 years old. If the child does not meet these criteria, please contact your local school for advice on education programs.
- D. This form supersedes all previous versions.

2. About Eligible Options

- A. Section 38 of the *Education Act 2015* [NT] requires that a compulsory school age child, under 17 years of age who has completed Year 10 must participate on a full-time basis in one of the following options:
 - approved education or training (s38(5) either school-based or external
 - if the child who is 15 years of age or older in paid employment or a combination of approved education or training and paid employment (s38(2)(a)(ii).
- B. The options referred to above are known as eligible options.
- C. A combination of activities is permissible provided they equate in total to an average of 25 hours or more a week.
- D. An approved Notification of Arrangements (NOA) must be in place for students participating in an Eligible Option that consists of non-school based employment or education and training such as an external eligible option.

3. About Notification of Arrangements (NOA)

- A. When is a NOA not required?
 - Where a child is enrolled and attending Year 11 or 12 at a school, or participating in another approved secondary education program such as home education. In these cases, the school or parent is responsible for the education arrangements for the child.
- B. When is a NOA required?
 - Where a child is participating in an external eligible option, the employer, training organisation or university is responsible for the child's education arrangements and the NOA must be completed by all participating parties.
- C. The NOA needs to be approved prior to the external eligible option commencing.
- D. An approved NOA remains in force until either:
 - the child ceases to participate in the approved activity
 - the child re-enrols in a school-based option

- there is a change to the activity, for example to employment, training course or provider
 - the NOA is cancelled
 - the child is no longer of compulsory school age.
- E. If a NOA is not approved or is no longer in force, the child must re-enrol in full-time school or submit a new NOA seeking approval for participation in an alternative activity if they have not yet reached the age of 17.

4. Terms and conditions

Parties to this NOA must sign the declaration in the relevant section of the NOA. In doing so they declare they understand and accept the terms and conditions relevant to their participation:

A. All parties

- Information provided in this NOA form is accurate to the best of their knowledge
- If the eligible option described in this form changes or ceases, all participating parties will inform the Eligible Options Coordinator within 7 days of the changes or cessation
- The Department of Education will follow up with parents, schools, education and training providers or employees to verify information provided in the NOA
- The Department of Education will notify parents, schools, education and training providers or employees of the outcome of the NOA application.

B. Parent or independent child

- If the approved eligible option described in this form changes or ceases, the parent or independent child must lodge another NOA form for an alternative Eligible Option, or the child must be enrolled and attending school or participating in an alternative approved program.

C. Employer

- Employment arrangements comply with Federal and Northern Territory acts, regulations, codes of practice and standards that apply to the industry
- Wages are in line with the employment award for the industry or, where there is no award, in line with the national minimum wage as set out in the *Fair Work Act 2009*.

D. Education and training providers

- Arrangements comply with applicable Federal and Northern Territory acts, regulations, codes of practice, frameworks and standards
- All registered training organisations must comply with the VET Quality Framework.

5. Completing the NOA form

- A. The Parent and independent child must complete sections A to D
- B. The Employer, if applicable, must complete sections E and F
- C. The RTO or other education and training provider must complete sections G and H
- D. Please complete all relevant sections as fully as possible. Incomplete forms cannot be processed.
- E. Parties to the NOA will be advised of the outcome by letter.

Notification of Arrangements form

A. Parent or independent child details

Fields marked with an asterisk (*) are required.

Fields marked with a caret (^) are for office use only.

Student details

Surname		First name	
Address			
Date of birth		Gender	
Phone		Mobile	
School enrolled at			
If not enrolled, school where Year 10 is completed			
Are you applying as an independent child?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, go to Part B	

Parent details

Surname		First name	
Address			
Phone		Mobile	
Email			

B. Reason for alternative arrangements

Describe why you are seeking alternative arrangements to fulltime school

--

C. Eligible options component of this NOA

Check one box to indicate which options this NOA relates to	
<input type="checkbox"/>	Employment only
<input type="checkbox"/>	Vocational education and training (VET) or other education and training only
<input type="checkbox"/>	Apprenticeship or traineeship
<input type="checkbox"/>	Combination of employment and VET, apprenticeship, traineeship or other education and training
<input type="checkbox"/>	Other If you checked this box, write a short explanation below:

D. Parent or independent child declaration

Declaration			
I declare I have read and accept the terms and conditions at section 4 that apply to me			
Name*			
Signature*		Date*	

E. Employment details

Name of employer	
Name of workplace	
Employer ABN	
Address of workplace	
Title of position	
Clearly describe the tasks that will be part of the employment	

Notification of Arrangements to participate in an Eligible Option

Days per week		Hours per week	
Employment start date			
Employer's contact person			
Phone		Mobile	
Email			
Name of employee's workplace supervisor	Complete this section if different to employer's contact person:		

F. Employer declaration

Declaration			
I declare I have read and accept the terms and conditions at section 4 that apply to my organisation			
Employer's name*			
Name of the employer representative signing this declaration*			
Signature*		Date*	

G. Education and training provider

Provider information			
Please provide a detailed work plan if a course code is not provided			
Name of provider		ABN	
Address			
Course code*		Length of course	
Name of course			
Number of training days a week		Number of training hours a week	
Training start date			
Provider's contact person			

Phone		Mobile	
Email			

H. Provider declaration

Declaration by provider	
I declare I have read and accept the terms and conditions at section 4 that apply to my organisation	
Name of provider representative signing this declaration*	
Signature*	

Lodging the NOA form

Please lodge the completed form with:	For enquiries about eligible options or completing this form, please contact:
Eligible Options Advisor eligibleoptions.doe@education.nt.gov.au ; or your local Education Regional Office; or the school your child is, or was last enrolled at.	Jennifer Preest, Eligible Options Advisor Telephone: 0889870875 or 0409153283 eligibleoptions.doe@education.nt.gov.au

Office use only

Compliance and follow up checklist^			
Party^	Notes^	Compliance requirements met^	
Parent or independent child^		<input type="checkbox"/> No	<input type="checkbox"/> Yes
School^		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer^		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Education and training provider^		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Approval^			
Date application received^			
Decision^	<input type="checkbox"/> NOA approved^	<input type="checkbox"/> NOA not approved^	
Date decision letter sent^			
Approver^			
Name^			
Position^			
Signature^		Date^	

Comments
